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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/682,030-Conf. #008010
	Filing Date	October 10, 2003
	First Named Inventor	LILJERYD, Lars Gustaf et al.
	Art Unit	2644
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	4441-0112P

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

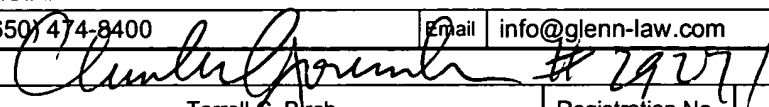
On May 19, 2006, Applicants requested that the above-identified application be transferred to another firm for handling.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Glenn Patent Group				
Address	3475 Edison Way, Suite L				
City	Menlo Park	State	California	Zip	94025
Country	U.S.A.				
Telephone	(650) 474-8400	Email	info@glenn-law.com		
Signature					
Name	Terrell C. Birch		Registration No.		
Date	June 5, 2006		Telephone No.		(703) 205-8000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.